

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36076

State File No. ....

FILED DEC 7 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 5059 Registrar's No. 76

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>Barry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Barry</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural--Ozark</b>		c. LENGTH OF STAY (in this place) <b>77yr.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>6 Mi. So. of Aurora, Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Ozark 0050</b>	
3. NAME OF DECEASED (Type or Print) <b>Garrett</b>		d. STREET ADDRESS (If rural, give location) <b>6 mi. so. of Aurora, Mo.</b>	
a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 5, 1950</b>
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Feb. 21, 1873</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm owner</b>	9. AGE (In years last birthday) <b>77</b> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
11a. FATHER'S NAME <b>John Boswell</b>		11b. MOTHER'S MAIDEN NAME <b>Lodema A. Colclasure</b>	11. BIRTHPLACE (State or foreign country) <b>Barry county Missouri</b>
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE <b>Adaline Boswell</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>		16. SOCIAL SECURITY NO. <b>No.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
17. INFORMANT'S SIGNATURE OR NAME <b>Adaline Boswell</b>		ADDRESS <b>Aurora, Mo.</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocarditis &amp; Chronic Int Nephritis</b> INTERVAL BETWEEN ONSET AND DEATH <b>years</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Aurora Lawrence Mo</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR	
22. I hereby certify that I attended the deceased from <b>Sept 1, 1950</b> , to <b>Nov 5, 1950</b> , that I last saw the deceased alive on <b>Nov 3, 1950</b> , and that death occurred at <b>12 P. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>W. J. Newton, M.D.</b> (Degree or title)		23b. ADDRESS <b>Aurora Mo</b>	23c. DATE SIGNED <b>Nov 6-50</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Nov-6-1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Osa Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Osa, Missouri</b>
DATE REC'D BY LOCAL REG. <b>11-6-50</b>	REGISTRAR'S SIGNATURE <b>W. M. West</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>William Wood Aurora, Mo.</b>	

DIVISION OF HEALTH OF MO.  
District No. 5 Springfield

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Date Filed 12-5-50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed James W. Crafton

Licensed Embalmer No. 4668

P. O. Address Aurora, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.